

EX. A

**Hospital for Special Surgery
Joint Mobility Center
Exercise Wellness Program**

Client Name NOLAN Agnes CLASS PASS 2007
Last First

1/15/08 Paid for 8 visits (18 visits) Amount \$200 Method check
Date (circle one)

Valid from 1/22/08 to end date 3/25/08 (10 weeks)

CLIENT MUST DATE AND INITIAL SHEET PRIOR TO EACH SESSION:

Date	Initials	Date	Initials
1. <u>01-17-08</u>	<u>AN</u>	9. <u>02-21-08</u>	<u>AN</u>
2. <u>1-22-08</u>	<u>AN</u>	10. <u>2-26-08</u>	<u>AN</u>
3. <u>01-24-08</u>	<u>AN</u>	11. <u>2-28-08</u>	<u>AN</u>
4. <u>1-29-08</u>	<u>AN</u>	12. <u>3-4-08</u>	<u>AN</u>
5. <u>2-5-08</u>	<u>AN</u>	13. <u>3-6-08</u>	<u>AN</u>
6. <u>2-07-08</u>	<u>AN</u>	14. <u>3-11-08</u>	<u>AN</u>
7. <u>2-12-08</u>	<u>AN</u>	15. <u>3-18-08</u>	<u>AN</u>
8. <u>2-14-08</u>	<u>AN</u>	16. <u>3-20-08</u>	<u>AN</u>



I will be out of town
Thursday 3/31